

**INDIANA DEPARTMENT OF INSURANCE
ANNUAL STATEMENT OF OUTSTANDING
LATE SURRENDER FEES AND JUDGMENTS**

All bail agents are required by Ind. Code § 27-10-2-14(c) to report the following information to the Indiana Department of Insurance. **You Must Return This Form Even If You Do Not Have Any Outstanding Judgments.** In order to avoid Administrative Action and Possible Fines, please type or neatly print the information requested, have your signature witnessed in the presence of a Notary Public, and return the form to the Indiana Department of Insurance, Bail Division, 311 West Washington Street, Suite 300, Indianapolis, Indiana 46204-2787, **BEFORE AUGUST 16th.**

NAME OF BAIL AGENT _____

AGENTS BUSINESS ADDRESS _____

(DBA) BUSINESS NAME _____

LIST ALL CASES WHERE AN ACTUAL LATE SURRENDER FEE OR JUDGMENT OF FORFEITURE HAS BEEN IMPOSED AGAINST YOU AND REMAINS UNPAID:

DEFENDANT	COURT	CAUSE #	JUDGMENT DATE	AMOUNT
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*If you do not have any outstanding Judgments, simply write **NONE** on the form, have it notarized and return it to this office.*

Please attach additional sheets if necessary.

AFFIRMATION

I affirm, under the penalty for perjury, that the foregoing information is true.

Date

Signature of Bail Agent

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

Printed

County of Residence: _____ My Commission Expires: _____